<i>U</i> .	S	COST REIMBU	RSABLE	or establishment)	~~~~~	<u> </u>		-	PAID BY				
Voi	(Department, bureau, or establishment) Voucher prepared at								Ø	1) 4			
				(Give place and date) Payee's Account No					End				
Inc	7 UNITED 1	STATES, Dr.,	1 uyec s	a agec y ficebank 1101						019-2028-			
To			(Pay	ee)				-	COPY	OF			
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No.	and Date of Order	Date of Delivery or Service	ART	ICLES OR SERVICES in number of contract of the information deemed	or Federal su i necessary)	ıpply	QUANTITY	UNIT Cost	PRICE	AMO Dollar			
	<u>\$</u>		Costs							\$2,63			
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	Shipped from to Weight Government B/L No.								Total	\$2,6			
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TL Date	Per	Travec	a a like con	rtificate is made by payee on attact	ed bill or bills)	l	int verified ature or ini	رع (tials					
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Pur			I certify that this account is	s correct and proper for	payment.								
† A ₁	pproved for \$			SIGN	T				ying Officer)				
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		THE REVERSE OF T	HIS FORM MUST BE EXECUTED WI	IEN PURCHASES ARE MADE C	R SERVICES SE	CURED WITH	OUT WRITTEN	AGREEMENT	IN ANY FORM	· .			
		•	NTING CLASSIFICATION										

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040152-4 STATOTHR Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040152-4

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